

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P990000068314*

1. Entity Name

MTD SERVICES, INC.

**FILED
May 01, 2002 8:00 am
Secretary of State**

05-01-2002 91514 022 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *391 COCONUT CIRCLE* 3. Mailing Address *391 COCONUT CIRCLE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WESTON, FL.

WESTON, FL.

4. FEI Number

005-0958463

Applied For

Not Applicable

33326

Country

33326

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

JENNIFER L. SCHRECHTMAN

Street Address (PO Box Number is Not Acceptable)

9050 PINES BOULEVARD SUITE 205

PEMBROKE PINES FL 33024

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)



**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*MICHAEL CONLON
391 COCONUT CIRCLE
WESTON, FL 33326*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)